

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15660

FILED MAY 15 1944

State File No. \_\_\_\_\_

Registration District No. 31844

Primary Registration District No. 4459

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County St Clair  
(b) City or town Osceola  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All of Life  
years, months or days

3. (a) PRINT FULL NAME Mary Edna Hanrahan

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leslie Hanrahan 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August 16 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 8 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osceola Missouri (City, town, or country) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name William O. York

13. Birthplace Unknown (City, town, or country) (State or foreign country)

14. Maiden name Melvina Dunlap

15. Birthplace Unknown (City, town, or country) (State or foreign country)

16. (a) Informant Buelah York

- (b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 4-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Osceola Missouri

18. (a) Signature of funeral director Osceola Funeral Home

- (b) Address Osceola Missouri

19. (a) 4-17-44 (b) T. A. Goodrich  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Clair 93  
(c) City or town Osceola  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1944 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 8-30, 1941, to 4-16, 1944;

- that I last saw him alive on 4-14, 1944; and that death occurred on the date and hour stated above.

- Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

- Carcinoma of cervix uteri with metastases 5 yrs.

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death) 48a

- Major findings: Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature T. A. Goodrich, Jr. (M.D. or other) M.D.

- Address Osceola, Mo. Date signed 4-17-44

RECEIVED

District Health Officer No. 7,

District File Number 4-44-638

Date Filed 5-10-44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Paul Truett*

Licensed Embalmer No. 3990

P. O. Address Osceola Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.